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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)****FY2009****(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)**

sanofi-aventis Docket Number

**DEAV2002/0051 US NP**

Application Number	<b>10/625085</b>	Filed	<b>July 23, 2003</b>
For	<b>METHOD FOR IDENTIFYING SUBSTANCES</b>		
Art Unit	<b>1636</b>	Examiner	<b>JOIKE, Michelle K.</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 130	\$65	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 490	\$245	\$490.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1110	\$555	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,730	\$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,350	\$1175	\$

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **18-1982**.

**WARNING: Information on this form may become public. Credit card information should be not included on this form. Provide credit card information and authorization on PTO-2038.**

- I am the ☐ Applicant/inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number **41686** (Customer No. **005487**).
- ☐ attorney or agent of record under 37 CFR 1.34. (Customer No. **005487**).  
Registration number is acting under 37 CFR 1.34 \_\_\_\_\_

/William C. Coppola/  
Signature

November 9, 2009  
Date

William C. Coppola  
Type or Printed Name

908 231-4854  
Telephone Number

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to completed, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO\_9199 and selection option 2.